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LOBBYING REPORT ORIGINAL

Lobbying Disclosure Act of 1995 (Section 5) - All Filers Are Required To Complete This Page

1. Registrant Name Bickerstaff, Heath, Smiley, Pollan, Kever & McDaniel, LLP			
2. Address <input type="checkbox"/> Check if different than previously reported 816 Congress, Suite 1700, Austin, TX 78701-2443			
3. Principal Place of Business (if different from line 2) City: _____ State/Zip (or County) _____			
4. Contact Name Deborah Broadway		Telephone 512/404-7854	5. Senate ID # 47861-12
7. Client Name <input type="checkbox"/> Self Montgomery County Hospital District		E-mail (optional)	6. House ID # 34448000

TYPE OF REPORT 8. Year 1999 Midyear (January 1-June 30) ☐ OR Year End (July 1-December 31) ☒

9. Check if this filing amends a previously filed version of this report ☐

10. Check if this is a Termination Report ☒ Termination Date 12/31/99

11. No Lobbying Activity ☒

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

12. Lobbying Firms	13. Organizations
INCOME relating to lobbying activities for this reporting period was:	EXPENSES relating to lobbying activities for this reporting period were:
Less than \$10,000 <input checked="" type="checkbox"/>	Less than \$10,000 <input checked="" type="checkbox"/>
\$10,000 or more <input type="checkbox"/> \$ _____ Income (nearest \$20,000)	\$10,000 or more <input type="checkbox"/> \$ _____ Expenses (nearest \$20,000)
Provide a good faith estimate, rounded to the nearest \$20,000, of all lobbying related income from the client (including all payments to the registrant by any other entity for lobbying activities on behalf of the client).	14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options. <input checked="" type="checkbox"/> Method A. Reporting amounts using LDA definitions only <input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) of the Internal Revenue Code <input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code

Signature _____

Printed Name and Title Myra McDaniel, Managing Partner

LD-2 (REV. 6/98)

PAGE 1 of 2

Registrant Name Bickerstaff, Heath Client Name Montgomery Co. Hospital District

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registrant engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, provide information as requested. Attach additional page(s) as needed.

15. General issue area code TOB (one per page)

16. Specific lobbying issues

Recapture of tobacco settlement funds by HCFA

17. House(s) of Congress and Federal agencies contacted ☒ Check if None

18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)	New
Myra McDaniel	Managing Partner	<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

19. Interest of each foreign entity in the specific issues listed on line 16 above ☒ Check if None

Signature  Date 1/5/00

Printed Name and Title Myra McDaniel, Managing Partner